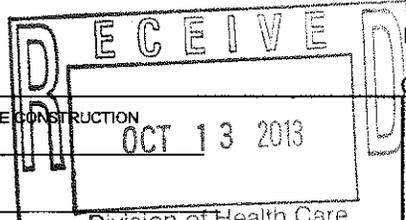


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 09/18/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER KENWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS	F 000	F 253	
F 253 SS=C	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide the necessary housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior. Observations conducted during the initial tour on 09/17/13 revealed soiled bathroom wall tiles on A Wing; a dark buildup along the edge of the bathroom floors and the wall tiles in bathrooms on A Wing, D Wing, and E Wing; stained/discolored floor tile in resident rooms on A Wing and D Wing; walls/baseboards in need of repair on A Wing; and stained, soiled grout around the base of the toilets in resident rooms on A Wing and E Wing.</p> <p>The findings include:</p> <p>An interview conducted on 09/18/13 at 3:50 PM with the Administrator, revealed the facility did not have written policy for cleaning the floors because the facility had a contract with Health Care</p>	F 253	<p>1. No specific resident was identified. All residents have the potential to be affected.</p> <p>The wall tiles and floor tiles in the bathroom in room A-10 were cleaned by housekeeping on 9/18/2013.</p> <p>The wall tiles and floor tiles in the bathroom in rooms A-2 and A-3 were cleaned by housekeeping on 9/19/2013.</p> <p>The wall tiles and floor tiles in the bathroom in rooms D-3 and D-10 were cleaned by housekeeping on 9/26/2013.</p> <p>The wall tiles and floor tiles in the bathroom in rooms E-4, E-10 and E-11 were cleaned by housekeeping on 10/9/2013.</p> <p>The grout around the base of the toilet in room A-3 was cleaned by housekeeping on 09/19/2013.</p> <p>The grout around the base of the toilet in room E-11 was cleaned by housekeeping on 10/9/2013.</p> <p>The floor tile in resident rooms A-2, A-3, and A-9 were scrubbed by housekeeping on 9/19/2013.</p> <p>The floor tile in resident rooms D-2 and D-3 were scrubbed by housekeeping on 9/26/2013.</p> <p>The walls and baseboards in room A-9 were repaired by maintenance on 10/5/2013.</p> <p>2. A one time environmental audit of the center will be conducted by the Administrator, Maintenance Director,</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dennis Coy</i>	TITLE Administrator	(X5) DATE 10/13/13
--	------------------------	-----------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/18/2013
NAME OF PROVIDER OR SUPPLIER KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 253	<p>Continued From page 1</p> <p>Services for the cleaning of the facility.</p> <p>An interview conducted on 09/18/13 at 2:10 PM with the Maintenance Supervisor revealed he was the only maintenance man at the facility and had only been employed by the facility for six weeks. The interview revealed he completed work orders as they were submitted by staff and he did not have time to conduct routine room checks to monitor for repairs.</p> <p>Observations conducted during the initial tour on 09/17/13, from 10:30 AM until 12:00 PM revealed splatters of a brown substance on the wall tile in bathroom A10. The observation revealed approximately an inch of dark buildup along the edge of the floor tiles and the wall tiles in bathrooms A10, A2, A3, E11, E10, E4, D10, and D3. The grout around the base of the toilets in the bathrooms located in resident rooms A3 and E11 was observed to be soiled and discolored yellow. The observations during the initial tour also revealed stained and discolored floor tile in resident rooms A9, A2, A3, D2, and D3. Further observations revealed the wall and baseboards in room A9 were in need of repair.</p> <p>An interview on 09/17/13 at 4:40 PM with the Housekeeping Manager revealed he worked for a contracted service that provided housekeeping services to the facility. The interview revealed all floors were swept and mopped every day and as needed. The Housekeeping Manager revealed the facility was divided into thirds for housekeeping purposes, and there were three housekeepers plus a floor technician assigned to provide housekeeping services. The interview revealed the manager worked Monday through Friday. The Housekeeping Manager reported</p>	F 253	<p>and Housekeeping Director by 10/15/2013 to identify any area in need of repair or cleaning. Any issues identified will be immediately corrected.</p> <p>3. The facility will initiate a new room rounds process where the Management Team completes assigned daily room rounds, Monday thru Fridays beginning the week of 10/21/2013, to identify any issues and to ensure repairs are completed timely, all rooms and common areas are clean, orderly and comfortable. The results of the rounds will be reviewed by the interdisciplinary team during morning stand-up meetings to address any issues identified during the rounds. Administrator to re educate the housekeeping and maintenance supervisor regarding cleaning and making needed repairs by 10/14/2013. The Housekeeping and Maintenance Supervisor to re educate housekeeping staff regarding cleaning and reporting needed repairs by 10/16/2013. Administrator to make weekly rounds x 3 weeks beginning week of 10/14/2013 to ensure center cleanliness and to identify needed repairs.</p> <p>4. The Quality Assurance Team consisting of Administrator, DON, Maintenance Director, Medical</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/18/2013
NAME OF PROVIDER OR SUPPLIER KENWOOD HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 130 MEADOWLARK DRIVE RICHMOND, KY 40475		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 253	Continued From page 2 housekeepers conduct a "deep clean" to each resident room once a month and as needed. The interview revealed a mop misses about an inch from the corners and edges of the floors and the housekeeping staff should use special cleaning equipment to clean the edge of the floors.	F 253	Director and Housekeeping Supervisor will review all audit findings and revise the current plan at least monthly and ongoing until issue is resolved. 5. Date of Compliance: 10/28/2013		